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10/645,405

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## 10/645,405 **Application Number** CHANGE OF 08/21/2003 **CORRESPONDENCE ADDRESS** Filing Date Application Stanley B. Pollak First Named Inventor 3739 Art Unit Address to: Commissioner for Patents **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450 1656-2 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with **Customer Number:** OR Firm or 1 Thomas M. Galgano, Esq. - GALGANO & ASSOCIATES, PLLC Individual Name 20 W. PARK AVE., SUITE 204 Address Zip City State LONG BEACH 11561 **NEW YORK** Country USA Telephone Email 516-431-1177 tmgalgano@rcn.com This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record, Registration Number 27,638 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number\_ Signature Typed or Printed Thomas M. Galgano Name Telephone (516) 431-1177 Date 04/13/2007 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*. 1 \*Total of 1 forms are submitted.

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